

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
EXAMINATIONS & LICENSING UNIT
GENERAL SERVICES
EXAMINATION APPLICATION FOR LICENSE TO OPERATE
A VERY SMALL WATER SYSTEM
LICENSE CLASS - VSWS

All statements made in this application, as well as any documents submitted as supporting evidence of qualification for this examination, are subject to investigation and verification. Falsification or misstatement of any material fact will be cause for rejection. Failure of the applicant to furnish all information and records requested may result in rejection of the application.

CLOSING DATE PREFERENCE: ☐ FEBRUARY 15 ☐ MAY 15 ☐ SEPTEMBER 15

NOTE: Application must be postmarked by the appropriate closing date.

PLEASE PRINT OR TYPE

Name _____ Date of Birth _____
First MI Last

Address _____
No. & Street

City State County Zip Code

*Social Security No. _____ Home Phone No. (_____) _____ Work Phone No. (_____) _____
Area Code Area Code

***Failure to submit this information, is an automatic rejection of this application.**

Are you seeking a license through the ABC reciprocal program? ☐ Yes ☐ No

Have you previously filed an application for a license with the Department of Environmental Protection? ☐ Yes ☐ No
If yes, state date and type of license _____

Have you previously taken a Department of Environmental Protection examination for a license? ☐ Yes ☐ No
If yes, for which license(s)? _____

Which Department of Environmental Protection license(s) do you now hold? _____

EDUCATION AND TRAINING RECORD (*Documentation of Education and Training is required.*)

Do you have a high school diploma or equivalency certificate? ☐ Yes ☐ No

Do you have a:

- ☐ College Degree in engineering or a related science (Specify the related science degree e.g. physics, biology, chemistry) _____
- ☐ College Degree not related to engineering or science
- ☐ Associate Degree in engineering or a related science (Specify the related science degree e.g. physics, biology, chemistry) _____
- ☐ Post secondary vocational program acceptable to Department of Environmental Protection

NAME & LOCATION OF COLLEGE	DATES ATTENDED		MAJOR	DEGREE AND DATE
	From	To		

Have you successfully completed any of the following approved courses in the subject matter required by the license being sought?
(Submit photocopy of course certificate(s).)

<input type="checkbox"/> Yes <input type="checkbox"/> No Introductory Course to Water & Wastewater Operations	NAME & LOCATION OF SCHOOL		DATES ATTENDED	
			From	To
<input type="checkbox"/> Yes <input type="checkbox"/> No VSWS Course				

WATER EMPLOYMENT RECORD (Begin with present position and work back through applicable experience.)

NAME OF EMPLOYER			PWSID #	
ADDRESS			Facility Classification _____	
POSITION/TITLE			DATES OF EMPLOYMENT From: To:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK _____	OPERATING EXPERIENCE** _____ Yrs. _____ Mos.		TIME EMPLOYED

NAME OF EMPLOYER			PWSID #	
ADDRESS			Facility Classification _____	
POSITION/TITLE			DATES OF EMPLOYMENT From: To:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK _____	OPERATING EXPERIENCE** _____ Yrs. _____ Mos.		TIME EMPLOYED

NOTE: The total operating experience required for admittance to this examination is six months.

**Operating Experience shall mean full time or equivalent time spent in the satisfactory performance of significant operational duties at a system which is acceptable to the Board.

CERTIFICATION OF APPLICANT

I hereby certify that there are no misrepresentations in my answers to the questions on this application.

Signature _____

Date _____

IMPORTANT: Read carefully before submitting your application.

- Have you answered all questions? Admission to examinations shall be dependent upon information furnished on this application.
- Have you signed and dated the application?
- Photocopy of the required course certificate(s) must be included.
- Transcript of your college degree(s), and a copy of your high school diploma/equivalency certificate must be included to support your educational qualifications.
- A statement of Qualification (Form ADM-368B) from each of your employers listed on your employment record must accompany this application verifying your experience.
- Send your application with the necessary supporting documentation to:

N.J. Department of Environmental Protection
Examinations & Licensing Unit
PO Box 441
Trenton, New Jersey 08625-0441